

반복적으로 머리를 때리는 전반성발달장애 환자 1례

A CASE OF PERVASIVE DEVELOPMENTAL DISORDER NOS WITH REPETATIVE SELF-INJURIOUS BEHAVIOR

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요 약 :

본 환자는 1999년 4월 20일 OO 병원에 입원하여 7월 10일까지 12주 동안 4회 haloperidol 0.5mg 1.0mg (Differential Reinforcement of Other behavior)을 투여받았으며, naltrexone 25mg 50mg, haloperidol 0.5mg, naltrexone 50mg을 투여받았다.

중심 단어 :

반복적으로 머리를 때리는 행동, 전반성 발달장애, 자해행위, 약물치료, 79%의 감소, Favazza (1996), Lesch-Nyhan, Prader-Willie, Cornelia de Lange, Tourette.

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2-5) 45.5% 3 81.5% (Childhood Autism Rating Scale, CARS) 30.5

6 7 60% 18 가

6) 12% 가 3

7) (dysphagia aspiration) 4 1

8) (Psycho - Educational Profile) (Developmental Quotient, DQ) 74.2%, (SMS) (SQ) 81.5% (CARS) 29 (Pervasive Developmental Disorder Not Other Specified)

9)10) 가 5 가

11) 가 가 6 1

증 레 0.5mg 1.0mg 가 1 haloperidol

1. 주소 및 현병력

7 '99 4 20 가 , “ ? ” 가 ? ” 가

“ ” “ ” 가

2. 발달력 및 가족력

3.1kg

99 5 12 (Socio Maturational Scale, SMS) (Social Quotient, SQ) 가

. 2
가
가
가
6
43

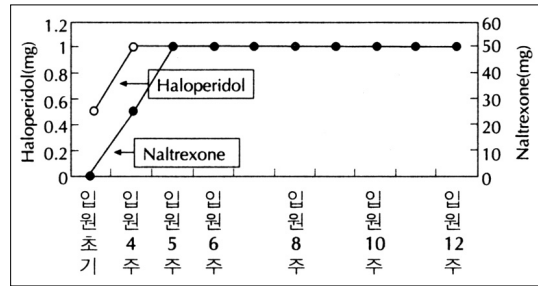


Fig. 1. 약물용량.

20 40
5 100
가
가
4

3. 정신상태검사 및 신체이학적 검사

가

(extinction)

(Differential Reinforcement of Other behavior : DRO)

4. 치료 및 경과

1) 약물치료

haloperidol 0.5mg
haloperidol 1.0mg
. 5 naltrexone
25mg (Fig. 1). Naltrexone

가 가

가
. Naltrexone 25mg 50mg

2) 행동치료

가 , , 2

가

가

가

가

15

3

,

,

15

가

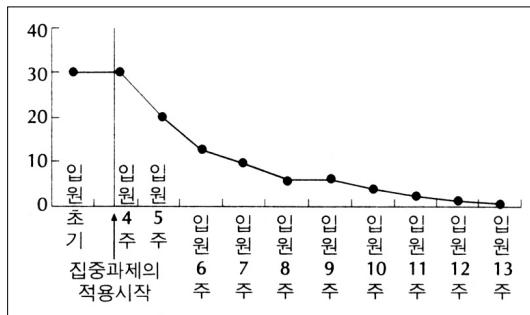


Fig. 2. 자해행동의 평균빈도.

3) 경 과

5 6
7 8
10 11 12
3 4 5 10

(Fig. 2).

가

가

가

가

naltrexone
(Fig. 1).

2

7

고 찰

mpertantrum, te-

10

가

10

naltrexone

naltrexone 50mg

1963

haloperidol 1.0mg

naltrexone opioid

, opioid

, opioid

, opioid

가

11

12)

beta - endorphin 13), 25), naltrexone 25 200mg
U 가 26), 0.5 1.0mg/kg
beta - endorphin 27), 1.0mg/kg
naltrexone 3 28), S
14), , 1.5mg/kg
가 24), , , 50mg/day
15), 가 가 27)28)
- , naltrexone 25mg
- 가
16), . Haloperidol 가
가 (Tardive or wi -
17), thdrawl dyskinesia) 29),
haloperidol 30%
18). Opioid 30). Naltrexone
dyskinesia) 27).
가 19), haloperidol
. Naltrexone
, Risperidone
18), 가 가 31), Clo -
zapine Risperidone
가 가 32)33),
naltrexone 가 20), 가 21), 가
22), naltrexone
, 가 ,
23), , 가 , 34)
, (Noncontingent Reinfor -
endorphin cement) 가 35)36).
24). Naltr -
exone , 1 3 가
, 1 4 ,

가
37)

가

가 (Differential Reinforcement of Other behavior : DRO)

가

가

(neglect)

가

가

가

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Self-injurious behavior is often showed in mental retardation, especially in autism. Self-injurious behavior has been regarded as a symptom cluster rather than a disease but it is an emergent clinical situation that can directly affect mortality. This case is about a refractory autistic patient who showed a self-injurious behavior of hitting the head repetitively. He was hospitalized and was treated by pharmacotherapy and behavior therapy and for this reason this clinical experience is reported with literature review.

The patient is a 7-year old boy who was ward admitted from 1999 April 20 till July 10 into hospital ward because of self-injurious behavior. During the 12 weeks he had admission treatment. As for the pharmacotherapy, haloperidol was dosed up from 0.5mg to 1.0mg from the 4th week and combination drug therapy was done during the admission with naltrexone 25 -50mg. As for the behavioral therapy, Differential Reinforcement of Other behavior was used and regular play therapy was done. To remove the physical restraint, headgear and hard sleeve was used. Currently, OPD follow up treatment is being done and haloperidol 0.5mg and naltrexone 50mg is maintained. The patient's mother is educated and play therapy is done an hour daily at home. When the patient was released from the hospital, self-injurious behavior was decreased more than the moderate state and remission state is still being maintained at the outpatient clinic.

KEY WORDS : Self-injurious behavior · Autism · Naltrexone · Behavior therapy.